

**MULTIPLE DEPENDENT CLAIM
FEE-CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09912024
APPLICANT(S)

FILING DATE

7/19/04 CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|-----------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | |
| 2 | | 1 | | | | |
| 3 | | 1 | | | | |
| 4 | | 1 | | | | |
| 5 | | 1 | | | | |
| 6 | | 1 | | | | |
| 7 | | 1 | | | | |
| 8 | | 1 | | | | |
| 9 | | 1 | | | | |
| 10 | | 1 | | | | |
| 11 | | 1 | | | | |
| 12 | | 1 | | | | |
| 13 | | 3 | | | | |
| 14 | | 3 | | | | |
| 15 | | 3 | | | | |
| 16 | | 3 | | | | |
| 17 | | 1 | | | | |
| 18 | | 1 | | | | |
| 19 | | 1 | | | | |
| 20 | | 1 | | | | |
| 21 | | 1 | | | | |
| 22 | | 1 | | | | |
| 23 | | 1 | | | | |
| 24 | | +3 | | | | |
| 25 | | +3 | | | | |
| 26 | | +3 | | | | |
| 27 | | 1 | | | | |
| 28 | | 1 | | | | |
| 29 | | 1 | | | | |
| 30 | | 1 | | | | |
| 31 | | 1 | | | | |
| 32 | | 1 | | | | |
| 33 | | 1 | | | | |
| 34 | | 1 | | | | |
| 35 | 1 | | | | 1 | |
| 36 | | 1 | | | | 1 |
| 37 | | 1 | | | | 1 |
| 38 | | 1 | | | | 1 |
| 39 | | 3 | | | | 2 |
| 40 | | 3 | | | | 2 |
| 41 | | 1 | | | | 1 |
| 42 | | 1 | | | | 1 |
| 43 | | 1 | | | | 1 |
| 44 | | 1 | | | | 1 |
| 45 | | 1 | | | | 1 |
| 46 | | 1 | | | | 1 |
| 47 | | 1 | | | | 1 |
| 48 | | 1 | | | | 1 |
| 49 | | 1 | | | | 1 |
| 50 | | 1 | | | | 1 |
| TOTAL IND. | | 1 | | | 1 | 1 |
| TOTAL DEP. | | | | | 17 | 1 |
| TOTAL CLAIMS | | | | | 18 | |

| | * 7/19/04 | | * 7/19/04 | | * 7/19/04 | |
|-----------------|-----------|------|-----------|------|-----------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 51 | | 1 | | | | 1 |
| 52 | | 1 | | | | 1 |
| 53 | | 1 | | | | 1 |
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| 98 | | | | | | |
| 99 | | | | | | |
| 100 | | | | | | |
| TOTAL IND. | 2 | 1 | 2 | 1 | 3 | 1 |
| TOTAL DEP. | 21 | | 10 | | 3 | |
| TOTAL CLAIMS | 23 | | 12 | | 6 | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS